

# FEDERAL BROWNFIELDS TAX INCENTIVE PROGRAM

## APPLICATION FOR CERTIFICATION OF ELIGIBILITY

Please complete this application form: (type or print clearly)



### A. APPLICANT INFORMATION:

Business/Taxpayer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Property/Site Address for Tax Deduction: \_\_\_\_\_

### B. PROGRAM ELIGIBILITY CRITERIA:

#### Contaminated Site Criteria: (Please refer to ATTACHMENT 2, "Eligible Hazardous Substance List - Where to Find It")

The property listed above must contain a release or threat of release of a hazardous substance, as defined by sections 101 (14) and 102 of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA). Properties solely contaminated with petroleum, including crude oil, and natural gas products and synthetic gas products usable for fuel, are not eligible for the Federal Brownfields Tax Incentive. Properties listed or proposed to be listed on EPA's National Priority List ("NPL") are not eligible for this program.

Please attach copies of documentation to substantiate release or threat of release of hazardous substances.

Nature of Contamination:(list hazardous substance(s)): \_\_\_\_\_

Proof of contamination: (check all that apply) ☐ DEP Site RTN/Site ID(s): \_\_\_\_\_

☐ LSP Opinion ☐ Consultant's Report (Notarized) ☐ Hazardous Waste Manifest ☐ Bill of Lading

**NOTE: Other eligibility criteria also apply. See Taxpayer Relief Act of 1997, Pub. L. 105-34.**

### C. REDEVELOPMENT INFORMATION:

Future Reuse: \_\_\_\_\_

Estimated Cleanup Costs: \_\_\_\_\_

Acreage: \_\_\_\_\_

### D. APPLICANT CERTIFICATION:

I attest under the pains and penalties of perjury that, i) the information provided in this application is true, correct and complete to the best of my knowledge and belief; ii) the release of hazardous substance(s) located within the above-referenced property is not solely comprised of petroleum, including crude oil, and natural gas products and synthetic gas products usable for fuel, and iii) I have the authority to sign this certification on behalf of the Business/Taxpayer listed above.

Name: (print) \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete this Application and Return to:**

**Federal Brownfields Tax Incentive Program  
Catherine Finneran  
MA DEP, BWSC, 7<sup>th</sup> Floor  
1 Winter St., Boston, MA 02108**